

# Inequalities in the use of reproductive health care in Sub-Saharan Africa

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**VALORIZATION ADDENDUM**

## **Introduction**

Reproductive health in Sub-Saharan Africa requires strong health systems that acknowledge the diverse social contexts and essential services needed. Particularly health systems need to promote equitable use and maximize access to family planning and maternal care services for vulnerable population groups. Macro-level forces, including socioeconomic and political, as well as micro-level factors at the individual-level, shape the distribution of health and use of these health services. However, due to the complex nature of the health systems, developments take place in isolation rather than synchronously. Because of this, an evidence-based approach is warranted to bridge the divide between macro- and micro-level factors. In the Sub-Saharan African health systems, considerations of equity and access in policy formulations for reproductive health care services are deficient. Therefore, an understanding of the systematic differences between social groups in the use of services, such as that provided in this dissertation, is vital to promote universal access to sexual and reproductive health care services and ensure the wellbeing of women before, during, and after pregnancy.

## **Target audience**

The reduction in government funding and the introduction of fees for health care services in the '1980s brought with it inequity in the access to quality reproductive health care in Sub-Saharan African countries. Taking Ghana and Nigeria as case studies, this dissertation aims to increase our knowledge and understanding of the determinants of inequalities in reproductive health care in Sub-Saharan Africa. Policymakers and other stakeholders in developmental organizations are the targeted audiences of this dissertation. Women and society are the ultimate beneficiaries.

## **Result related contents and products**

The evidence from this dissertation shows the inefficiency in the pro-poor policies that aim to achieve long-term objectives through short-term and irregular frameworks. Wealth-based inequalities in the use of reproductive health care services thus sustain or widen. The focus on the provision of a specific reproductive health care service in policies has had detrimental effects on equitable use over time and has reduced coverage of other needed care services. For instance, in one of the case study countries, Ghana, despite user fee exemption policies, there was no significant equity improvement in doctor-assisted births, antenatal care provided at non-facility formations, government and private facilities. For the same indicators in the other case study country, Nigeria, there were instead pro-wealthy equity changes. There were also insignificant equity changes in the magnitude of inequality for unmet needs for

family planning in both countries.

Though this dissertation notes that the utilization of childbirth services can increase in a favorable health policy environment, like in Ghana, neglect of individual characteristics results in continued inequalities. This is because programs that aim to abate negative outcomes of reproductive health do not pay exclusive attention to the individual-level factors. Access of pregnancy care information, health care coverage in rural areas, the influence of religion or socio-cultural elements, lack of women's autonomy in health facility seeking decision, the need to pay at the health care facility, and distance to health care facilities are such factors. Empirical findings show that shortcomings related to these factors contribute to an increasing disparity in reproductive health care use across all countries on top of wealth differences, regardless of user-fee clauses. This evidence suggests that current user-fees exemption, waiver or subsidies policies increase the use of selected services positively at the cost of other services along the continuum of reproductive health care. Women in Sub-Saharan African countries will benefit from health care systems that are more proactive than reactive by enabling the potential to utilize all services across the continuum of reproductive health care. Moreover, equity frameworks would be useful to guide policy and program activities related to reproductive health in Sub-Saharan African countries. In addition to equity being an ethical notion with no fixed definition, the motivation for reproductive health policies is determined by political agendas, available funds, rather than visions and values. For the reproductive health of women, policy and program activities that seek to increase the lifetime health and decrease sub-group inequality between them should be implemented. Disregard for equity frameworks results in the implementation of sporadic programs that fixates on part/s of reproductive health care that seeks to address maternal mortality. The lack of a structured and consistent approach to reproductive health care reflects the inability to capitalize on failures or achievements, or to account for resource constraints. For these reasons, countries in Sub-Saharan Africa endure ineffective, inefficient, and short-lived gains in lessening inequalities in reproductive health care service provision. The findings of this dissertation indicate that the fixation on wealth barriers and the supply-side factor of a single/selected reproductive health care service, such as childbirth services, creates disparities in the amount and quality of health of different population groups. Women in their reproductive years in Sub-Saharan Africa are using services available along the continuum of care for reproductive health care services, and outside of it that are not necessarily of good quality.

To reduce inequalities in the use of reproductive health care across Sub-Saharan

African countries, clear public health policies and set agendas that maximizes women's health are crucial. Since policies for reproductive health care tend to increase utilization, although inequitably, the neglect of needs and context appropriateness during the design and implementation creates use gaps. Furthermore, a recognition that reproductive health care interventions are long-term development goals that need to be managed with equally long-term frameworks is crucial to ensure that scarce resources are targeted to where they have the greatest outcome. Based on the evidence that inequalities in Sub-Saharan African countries sustain over time and policies addressing reproductive health issues do not benefit the disadvantaged groups, a bottom-up targeted approach providing an advantage for vulnerable groups would provide equal opportunities for health services use. This can be done by providing opportunities for enrollment (a commitment to a care relationship) of population groups characterized by no or low education, who belong to sales/services/manual occupation groups, who are in low wealth households, or who lack insurance into *registries*. This should be followed by reproductive health care resource allocation to ensure the adequate supply of services that match needs and can be utilized with little or no cost implication for *enrollees* nationwide. This strategy can be employed to bridge the divide between macro- and micro-level factors.

### **Dissemination of products**

All empirical chapters of this Ph.D. dissertation are published in peer-reviewed international journals. Research results have also been presented to peers at academic meetings, at symposiums and published in conference abstracts. Other intended approaches to share relevant research syntheses are targeted messages, face-to-face meetings with knowledge users, and engagement with media and participating in researcher/knowledge user networks. Targeted messages from this research will be submitted to stakeholders in health at national and international development organizations, as well as in their funding partners including and not limited to Christian Health Associations in Africa, Islamic Relief, African Union, Economic Community of West African States, UNFPA, USAID, WHO. The author's research interest lies in health evaluation and policy, health equity, social determinants of health, global health agenda setting, and implementation research. He plans to continue research on global and public health issues after this Ph.D. project.